

realizada uma revisão da literatura entre os anos de 1998 e 2008 nas bases de dados LILACS, MEDLINE, SCIELO e PUBMED utilizando-se os termos atenção farmacêutica, economia farmacêutica, farmacoeconomia e intervenção farmacêutica nas línguas inglesa e portuguesa. **RESULTADOS:** Foram encontradas 378 publicações, das quais 119 foram selecionadas após serem aplicados os critérios de inclusão e exclusão. O tema farmacoeconomia foi encontrado em 70 publicações, seguido da atenção farmacêutica, com 43 publicações. Ao caracterizar as publicações identificou-se que a maior parte das publicações sobre atenção farmacêutica, 45.5%, abordavam assuntos diversificados, sendo classificadas como outros, 18.2% eram sobre atenção farmacêutica hospitalar, 31.8% sobre atenção farmacêutica em grupos específicos de pacientes correspondendo a 11.4% em pacientes portadores de HIV, 6.8% em idosos, 4.5% em pacientes oncológicos e em pacientes com doença cardiovascular e 2.3% em crianças e em pacientes com diabetes mellitus. Quanto à caracterização das publicações sobre farmacoeconomia, estudos de custo-efetividade foram encontrados em 42.9% das publicações, conceitos, aplicabilidade e importância da farmacoeconomia em 25.7%, custos das doenças e tratamentos em 17.1%, minimização de custos e gastos com a aquisição de medicamentos em 4.3% das publicações. **CONCLUSÕES:** O resultado desse estudo mostrou que ainda são poucas as pesquisas sobre esses temas no Brasil, apontando para a necessidade da realização de mais pesquisas que enfatizem a farmacoeconomia e a economia da saúde, podendo assim, servir de subsídios e ferramentas eficientes na prática clínica, inclusive na atenção farmacêutica, e na avaliação dos resultados provenientes da própria atenção farmacêutica.

PHP14

#### PROJETO SPIDER: AVALIAÇÃO DO IMPACTO DOS CENTROS DE INFORMAÇÕES TOXICOLÓGICAS NO BRASIL

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Os Centros de Informações Toxicológicas (CITs) colaboram no atendimento de pacientes intoxicados, sendo observado em diversos estudos de outros países o impacto destes serviços na recuperação dos pacientes e economia em saúde. No Brasil carecem evidências na área, evitando a comprovação da importância dos CITs para a sociedade, somado a um cenário de não reconhecimento formal dos mesmos, o que traz dificuldades financeiras para manutenção e crescimento das atividades prestadas. O Projeto SPIDER objetiva responder as seguintes questões: (1) Quais são as especificidades regionais que interferem ou potencializam o impacto dos CITs? (2) Qual o impacto dos CITs? (3) Os CITs diminuem a mortalidade de pacientes internados por intoxicação? (4) A escala Poisoning Severity Score é ferramenta factível de classificar a gravidade dos casos atendidos pelos CITs? (5) Quais são os custos relacionados à internação hospitalar de um paciente intoxicado? (6) Quais são os custos relacionados a implantação e manutenção dos CITs? (7) É custo-efetivo para o Sistema Único de Saúde o serviço prestado pelos CITs? Para responder essas questões, o Projeto SPIDER prevê os seguintes delineamentos: (1) Um estudo transversal de registro da estrutura dos CITs; (2) Uma coorte retrospectiva dos casos de intoxicações atendidos em 2009. (3) Um estudo transversal de registro do perfil epidemiológico e de custo das internações hospitalares por intoxicação. (4) Uma análise de custo-efetividade. O projeto SPIDER envolverá o recrutamento de 500 pacientes em cerca de 17 hospitais de médio porte no Brasil.

PHP15

#### EVALUATION OF SEVERITY SCORING INDICES IN ACUTE ORGANOPHOSPHORUS POISONED PATIENTS IN A TERTIARY CARE HOSPITAL

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**OBJECTIVES:** The aim of this study was to evaluate the effectiveness of Glasgow Coma Scale (GCS), Acute Physiology And Chronic Health Evaluation (APACHE-II) and Poison Severity Scores (PSS) to predict clinical outcome of organophosphorus (OP) poisoning in a south Indian hospital **METHODS:** A prospective study of 100 acute OP poisoning patients who were admitted to the emergency centre of a tertiary care hospital in South India between January 2007 to February 2008 were enrolled in the study. All the demographical and laboratory data of the patient were recorded in patient profile forms. Severity of poisoning was assessed by using clinical severity indices like GCS, APACHE-II and PSS within 24 hours after admission. The correlations between these severity scores with prehospitalization period, cholinesterase levels, need for ventilation, atropine dose required, incidence of pneumonia, hospitalization days, mortality and were evaluated **RESULTS:** A total of one hundred patients were evaluated for clinical severity at admission. The mean GCS, APACHE II and PSS values of the study population were  $11.5 \pm 4.21$ ,  $10.1 \pm 12.49$  and  $3.1 \pm 0.46$  respectively. Among study population 40% of the patients had GCS score less than 8 (severe) and 15% of patients had GCS score 9–12 (moderate) and 45% had a GCS score between 12–15 (mild). Similarly 25% of patients had a PSS score of 3 (severely poisoned) and 45% had PSS score of 2 (moderately poisoned) and 30% had PSS score of 1 (mild poisoning). Mechanical ventilation was required by 42% of patients who had a GCS of less than 8. **CONCLUSIONS:** The clinical severity scores correlated significantly with cholinesterase level, total dose and duration of atropine and pralidoxime therapy, length of ICU stay and ventilator requirement and mortality and it was found to be statistically significant.

#### DECENTRALIZATION AND ORGANIZATIONAL REFORM IN IRANIAN PUBLIC HOSPITALS AFFILIATED WITH MINISTRY OF HEALTH

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**OBJECTIVES:** To determine the key organizational dimensions that influence the autonomy of public hospitals and the level of granted autonomy in each dimension. In next step we recommended the most effective degree and policy for granting autonomy to Iranian public hospital. **METHODS:** Six public hospitals affiliated with MOH were randomly selected. In this qualitative study, we interviewed 27 hospital managers (response rate of 82%). The semi-structured interview guide was developed based on the results of four initial in-depth interviews and the organizational reform model of the World Bank. We used the framework method for the analysis of qualitative data. **RESULTS:** Nine themes were identified as the key factors influencing hospital autonomy: decision right in strategic management, human resources management, financial management and physical resources management, product and procurement market exposure, financial residual claim, governance arrangements and accountability, and social functions. Limited decision rights in strategic, human resources, and physical resources management were granted to hospitals. Hospitals were not the financial residual claimant, but were exposed to competitive product market. Autonomy was limited regarding the procurement market. Governance systems were hierarchical and accountability mechanisms were supervisor-supervisee oriented. Some of the hospitals social functions were defined, but the expenses of these functions were not totally reimbursed by the government and the insurance industry. **CONCLUSIONS:** The autonomy granted to the hospitals is unbalanced and paradoxical. More decision rights should be granted for management of strategic, human resources and physical resources as well as hospitals entry to the procurement market. Hospitals need to be the financial residual claimant. The hierarchical administrative systems should be transformed to cooperative ones. Instead of supervisor-supervisee oriented control measures, Ministry of Health and Medical Education needs more regulatory mechanisms for controlling hospitals' performance and social functions.

PHP19

#### WHAT DOES BRANDED PHARMA BRING TO LATIN AMERICA AND OTHER EMERGING MARKETS?

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**OBJECTIVES:** BRIC countries have pharmaceutical market sizes which potentially may outstrip even the largest European countries in the next decade if the growing middle classes and increased health care awareness continue to drive demand. This positive change has led to a shift in focus for the proprietary pharmaceutical industry, which has begun seeking new relationships with these markets. However, while governments are prioritizing health care investment, shortages still exist in basic public sector provision. Funding limitations affect local payers' perception of the value of newer, innovative products. To help address this, some pharmaceutical companies have suggested models which could lead to a rapprochement on access to newer medicines, such as investing a fixed percent of profits from branded sales profits into local economies. These new ideas could change the face of how pharmaceutical companies and payers have traditionally interacted. This research investigates how government and industry plasticity may affect the balance between innovation, affordability and accessibility in developing markets. **METHODS:** Review of changes in pharmaceutical and health care figures in specific emerging markets (Argentina, Brazil, Mexico, India, Russia, China) highlighting the impact of economic change over the last decade. Review of access to branded pharmaceuticals in the private and public sectors of these markets. Review of literature on recent business model changes proposed by selected pharmaceutical companies to encourage public access to branded pharmaceuticals in these markets. **RESULTS:** Only a handful of markets such as China and Russia have systems in place to financially reward pharmaceutical innovation. The remaining markets will be more dependent on industry leadership if greater access to new drugs is going to be possible. **CONCLUSIONS:** To rationalise changes in policy, governments may require stronger economic arguments to prioritize investment in higher-cost pharmaceuticals than those currently being suggested.

#### HEALTH CARE USE & POLICY STUDIES – Health Care Research & Education

PHP27

#### AVALIAÇÃO DA EFETIVIDADE DA REDE MUNICIPAL PÚBLICA DE APOIO DIAGNÓSTICO EM PATOLOGIA CLÍNICA: O CASO DE BELO HORIZONTE (MG)

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**OBJETIVOS:** O estudo pretendeu determinar o parâmetro de produtividade dos recursos profissionais da rede pública de apoio diagnóstico em patologia clínica do município de Belo Horizonte e definir pontos de corte para as seções desses laboratórios. **MÉTODOS:** Trata-se de um estudo transversal que consolidou a produção total realizada e o número de horas trabalhadas por seção e pelo conjunto dos laboratórios distritais da rede durante um período de 7 meses no ano de 2008. A análise da produtividade dos profissionais, por seção, de cada laboratório distrital foi